

WRITE PLAINLY WITH UNFADING INK.—HIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of PimaDistrict of Lower MiamiTown of Miami

or

City of _____ No. 1111 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 199County Registrar No. 487

Local Registrar No. _____

2. Full name of child William Richard Adams

If child is not yet named, make supplemental report, as directed.

3. Sex of Child male
To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth Jan 26 1926
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name

Joseph Adams9. Residence
(Usual place of abode)Miami Arizona

If non-resident, give place and state.

10. Color or race

White11. Age at last birthday 33 (Years)

12. Birthplace (city or place)

Glasgow

(State or country)

Scotland

13. Occupation

Assayer

Nature of industry

Copper Concentration

14. MOTHER

Full maiden name

Julia Eneline Batchler

15. Residence

(Usual place of abode)

Miami Arizona

If non-resident, give place and state.

16. Color or race

White17. Age at last birthday 37 (Years)

18. Birthplace (city or place)

Williamburg
Calcutta

(State or country)

19. Occupation

Housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:25 A. m. on the date above stated
(Born alive or stillborn.)* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature _____

J. J. Franklin
(Physician or midwife).

Address _____

Miami, ArizonaGiven name added from
a supplemental report

Month, day, year

Filed Feb 3, 1926C. C. Davis

Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

412-126-129